

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

WALTER M. DICKIE, M.D., Director

Weekly Bulletin



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GUY P. JONES
EDITOR

Information Concerning New Laboratory Law

Chapter 804, Statutes of 1937

1. A clinical laboratory is any place or establishment where any tests, no matter how limited in variety are made for the investigation of the existence or progress of disease.

2. A technologist is a person who directs a laboratory and who holds a license as a technologist.

3. A technician is a person who holds a license as technician and who works under the direction of a technologist or of a licensed physician and surgeon.

4. After January 1, 1938, no one may conduct a clinical laboratory unless he is either a technologist or a licensed physician and surgeon.

5. After January 1, 1938, no one may work in a clinical laboratory unless he is a technologist, a technician or an apprentice.

6. A person may acquire a license as a technologist without examination provided he has had five years experience actually directing and at the same time working in clinical laboratories, all of which were completely equipped for, and doing work in all of the sciences of bacteriology, serology, biochemistry, parasitology and related subjects, the last year of which immediately preceding the passage of the act must have been in California and provided further that he makes application for the license before January 1, 1938.

7. A technologist's license may be secured by examination, further requirements being that he hold a bachelor's degree in one or more of the fundamental sciences pertaining to laboratory work, from

a recognized institution and that he also possess five years experience, one year of which has been as chief technician in a laboratory, all laboratories being of grade and standard acceptable to the Board of Public Health.

8. Certificates of licensure for clinical laboratory work of limited range will be issued without examination as provided in section 4 of Chapter 804, to persons presenting evidence of experience in any phase of clinical laboratory work, totaling three years, had within the period of five years immediately preceding the effective date of the act, one year of which shall have been in laboratories within the State of California. Such certificates will be issued one for each of the general divisions of the work i.e. bacteriology, serology, biochemistry and hematology, and in special and particular instances may be issued for still more limited fields of activity, in which case the certificate will set forth particular tests that may be practiced.

The certificates issued under this provision will carry the statement that the license is issued without examination, under the provisions of section 4 of the law. Graduates of a university recognized by the board, who hold the A.B. degree secured with a major in one of the medical sciences, will be credited with the first two years of the required experience, but one year's practical experience in an acceptable laboratory in California must be shown.

Application for technicians' licenses without examination must be made before January 1, 1938.

The fee for a technician's license without examination is one dollar, payable with application. The fee will be returned if the application is rejected.

9. Certificates will be issued to technicians by examination, each certificate entitling the holder to receive a license permitting him to engage in the work covered by the certificate.

Besides separate certificates in bacteriology, serology, biochemistry and parasitology, one all-inclusive certificate called Senior Clinical Laboratory Technician will be issued by examination, which certificate entitles its holder to be licensed to engage in all the work of a clinical laboratory.

10. All persons believing themselves eligible to receive any sort of license without examination should immediately write to the State Division of Laboratories, Berkeley, requesting forms on which to apply for the license. Owing to the short time remaining before January 1st, where it appears impossible to complete the necessary investigation preliminary to the issuance of a license, a temporary license revocable at any time will be issued.

Such temporary licenses must be replaced by permanent licenses before July 1, 1938.

11. Fees. (Rule 14 of regulations)

(a) Clinical Laboratory Technologists.

The fee for the certificate of license as Clinical Laboratory Technologist shall be \$10, payable with application for license without examination. If the applicant is found ineligible the fee will be returned. The fee for examination for the certificate as Clinical Laboratory Technologist shall be \$5, payable with application and not returnable in case of failure. If the applicant passes, an additional \$5 must be paid before the certificate is issued. The annual renewal fee for license as Clinical Laboratory Technologist shall be \$10 for each year following the calendar year in which the certificate was issued, and payable within sixty days after the commencement of each calendar year.

(b) Senior Clinical Laboratory Technicians.

The fee for the examination and the certificate as Senior Clinical Laboratory Technician shall be \$5, payable with application and not returnable in case of failure. The license as Senior Clinical Laboratory Technician is good for the remainder of the calendar year in which issued, and must be renewed annually by the payment of a fee of \$2 within sixty days after the commencement of each calendar year. A certificate as Senior Clinical Labora-

tory Technician will be issued without examination, but on the payment of the fee of \$5, to all persons holding the four Certificates of Proficiency (Senior Grade in the old series) issued by the board. In cases where an examination has been paid for in the securing of individual certificates, credit for such payments will apply on the fee for the issuance of the full certificate as Senior Clinical Laboratory Technician.

(c) Certificates of Proficiency.

These certificates, one in each of the subjects of Bacteriology, Serology, Biochemistry and Parasitology, will be issued by examination in these subjects separately. The fee for the examination in any one subject and for the certificate and license good for the remainder of the calendar year is \$2, not returnable in case of failure.

Persons now holding one or more certificates of proficiency, will be issued licenses for the activities covered by the certificates which they hold. If an application for license without examination is filed, it may be found possible to include in the license issued, other activities not covered by the certificate of proficiency held by the applicant.

A license in parasitology is given only by examination. The license as senior clinical laboratory technician is not given without examination except to holders of four certificates.

12. The law does not require technicians working in a doctor's office to be licensed, unless work is done for other doctors or for the patients of other doctors.

13. The exemption of nonprofit hospitals, provided for in section 6 of the law applies only to hospitals maintained by corporations for the benefit of their own employees, the hospitals being supported by "dues or contributions from employees of a common employer, or a group of affiliated employers."
* * *

14. The renewal fee for Certificates of Proficiency is 50 cents each, payable annually. A pocket license card is issued upon payment of the fee. Renewals and licenses for 1938 will be ready for distribution early in November.

15. Holders of four Certificates of Proficiency may exchange them for a Senior Clinical Laboratory Technician's Certificate, or, if they meet certain other requirements, for a Technologist's license.

BIRTHS INCREASE

During the first six months of the present year, there were 44,313 births registered in California, and 40,081 registered during the first six months of last year. This represents an increase of 10.6 per cent.

A HUMAN DEATH FROM RABIES

A veterinarian residing in Los Angeles County was called July 19, 1937, to treat a small dog for suspected arsenic poisoning. While administering an antidote to the dog, he was bitten on both thumbs. The dog's teeth sank into the nail on one thumb and it was necessary to pry the dog's jaws apart in order to release the thumb. The animal died the following day and the head was taken to a laboratory where an examination for rabies proved positive. The Pasteur treatment was administered within 24 hours to the veterinarian, who had been bitten by the animal. Iodine or some other antiseptic had been used on both wounds but there was a delay of 24 hours in the cauterization with fuming nitric acid, which is the only proper agent to use for the purpose.

The Pasteur treatment of fourteen doses was completed uneventfully. About October 12 or 13, approximately 10 weeks after completing the treatment, the patient suffered from headache, pain in hand and arm, was unable to sleep. On the following days he became progressively worse, ate with difficulty, unable to swallow, suffered from spasms upon attempting to drink, became irrational, requiring restraint, and died October 18, 1937.

The antirabies serum was manufactured by a reliable firm and had been kept under proper refrigeration. It would seem probable that the cauterization was late and did not destroy the virus under the thumb-nail. The Pasteur treatment is ineffective in a very small proportion of cases and there is a possibility that this case fell in such a group. At all events, this unfortunate disaster emphasizes the fact that rabies is epidemic in California and that similar cases, tragic as they are, must be expected to occur until such time as the disease in animals, particularly dogs, may be brought under control.

EPIDEMIOLOGY

In the new hand-book of public health bacteriology issued under the auspices of the San Francisco Department of Public Health, Dr. J. C. Geiger, Director of that department contributes an introductory chapter on epidemiology which is of interest. He states:

"Two modern weapons of public health work are bacteriology and epidemiology. Many of our older and sometimes successful health officials regard them as synonymous. As a matter of fact, lemology or lemography, meaning the sum of human knowledge as to pestilence, was known long before the science of bacteriology came into existence. The term epidemiology and its corresponding branch of the science of medicine, public health, are comparatively more

actively used today and oftentimes the application to suitable problems is quite misunderstood, accordingly. Where disease affects the individual, the problem becomes that of the physician. Should this disease be of a communicable nature, like influenza, the locality, the city, the state, the nation or the world may be involved.

On the other hand, diseases that are not communicable, such as those of the heart, but which may have some definite and perhaps controllable feature that can be applied to the population as a whole, can well come within the scope of epidemiological study. Likewise, the effect of disease on groups selected by age, sex, environment, climatic changes, occupation, even emotional and religious factors, may play their part. Therefore, epidemiology is a science with many ramifications, giving graphic or word pictures of the occurrence, incidence, distribution, the infectivity, the virulence of the causative microbe or viric factor, and the seasonal or calendar periodicity, both present and past, of communicable diseases."

DENTAL CONFERENCES

The dental staff of the Bureau of Child Hygiene is now composed of three dentists and a dental hygienist. They have worked in 11 counties, holding 41 conferences, have instructed 1868 children on the care of the teeth and have examined the teeth of 357 children. In addition, 565 dental operations have been performed on 71 children. These activities during the month of October have been carried on in Trinity, Modoc, Lassen, Alpine and Mono counties. During the month, dental unit Number One, a fully equipped trailer, was exhibited before the Twelfth District Dental Society at Alturas.

SANITARIANS TO MEET

The National Association of Sanitarians will hold its annual convention in the Anderson Hotel at San Luis Obispo on December 11, 1937. A business meeting will be held at 4 p.m., followed by a banquet.

This association was formerly known as the California Association of Sanitarians. For several years its activities were confined to the State of California, but since June of 1937 the organization has been known as the National Association of Sanitarians. At the present time its members are distributed over eleven states and the territory of Hawaii. The organization is endeavoring to spread its activities throughout the United States. Chief of its objectives are the provision of essential training of sanitarians, the establishment of standard qualifications, and the development of uniform methods in law enforcement and sanitary practice.

MORBIDITY

Complete Reports for Following Diseases for Week Ending
November 20, 1937

Chickenpox

313 cases: Alameda County 3, Alameda 4, Berkeley 1, Oakland 16, Richmond 1, Fresno County 1, Fresno 3, Humboldt County 1, Kern County 6, Bakersfield 2, Susanville 6, Los Angeles County 19, Beverly Hills 9, Glendale 2, Los Angeles 17, Pasadena 2, Pomona 3, Whittier 9, Madera County 2, Mendocino County 7, Merced County 1, Gustine 2, Monterey County 1, Napa 3, Orange County 2, Fullerton 1, Orange 1, Riverside County 4, Corona 4, Hemet 3, Riverside 4, Sacramento 9, Ontario 1, Redlands 5, San Diego County 10, Escondido 6, San Diego 22, San Francisco 24, San Joaquin County 8, San Luis Obispo County 5, Arroyo Grande 1, Paso Robles 2, San Luis Obispo 1, San Mateo 1, South San Francisco 1, Santa Barbara County 1, Lompoc 1, Santa Barbara 13, Santa Clara County 5, San Jose 1, Sunnyvale 3, Santa Cruz 17, Dunsmuir 2, Sonoma County 1, Petaluma 1, Stanislaus County 1, Modesto 1, Sutter County 1, Exeter 5, Ventura County 10, Fillmore 4, Oxnard 6, Santa Paula 1, Yolo County 1, Marysville 1, California 1.*

Diphtheria

53 cases: Berkeley 1, Oakland 2, San Leandro 2, Martinez 1, Fresno County 2, Los Angeles County 3, Culver City 2, Inglewood 1, Los Angeles 15, Pomona 1, Madera County 1, Fort Bragg 1, Merced County 3, Riverside County 1, Sacramento 1, San Diego 4, San Francisco 1, Santa Barbara 2, Sonoma County 1, Yuba City 2, Tulare County 3, Ventura County 2, Marysville 1.

German Measles

12 cases: Berkeley 1, Oakland 1, Alhambra 1, Long Beach 1, Los Angeles 4, Santa Ana 1, Riverside 1, San Francisco 2.

Influenza

34 cases: Oakland 1, Fresno County 2, Los Angeles County 2, Long Beach 1, Los Angeles 13, San Fernando 1, Laguna Beach 1, Sacramento County 1, Sacramento 1, San Francisco 6, San Jose 1, Sunnyvale 3, Tulare County 1.

Malaria

One case: Tuolumne County.

Measles

48 cases: Alameda 1, Glendale 1, Huntington Park 1, Long Beach 2, Pasadena 1, Hawthorne 1, South Gate 1, Merced County 15, Los Banos 5, Sacramento County 1, Sacramento 1, North Sacramento 1, San Francisco 2, South San Francisco 1, Lompoc 2, Siskiyou County 1, Tulare County 8, Tulare 2, Santa Paula 1.

Mumps

274 cases: Alameda County 1, Berkeley 6, Oakland 21, San Leandro 1, Martinez 1, Fresno County 1, Fresno 8, Kern County 5, Los Angeles County 18, Alhambra 1, Arcadia 2, Compton 3, Covina 2, El Segundo 1, Glendale 3, Long Beach 28, Los Angeles 11, Santa Monica 3, Madera County 4, Madera 8, Orange County 5, Anaheim 6, Orange 1, Santa Ana 1, Riverside County 4, Sacramento 3, Redlands 1, San Diego County 2, Escondido 5, San Diego 4, San Francisco 30, San Joaquin County 1, Lodi 1, Stockton 3, South San Francisco 6, Menlo Park 1, Santa Barbara 2, Santa Maria 9, Stanislaus County 59, Santa Paula 2.

Pneumonia (Lobar)

57 cases: Berkeley 1, Oakland 1, San Leandro 1, Martinez 1, Fresno County 2, Bakersfield 1, Los Angeles County 7, Glendale 1, Los Angeles 23, Pasadena 1, San Gabriel 1, South Gate 1, Madera County 1, Merced County 2, Napa County 1, Sacramento 1, San Diego County 1, San Diego 1, San Francisco 8, Benicia 1.

Scarlet Fever

182 cases: Alameda County 1, Berkeley 1, Oakland 5, Piedmont 1, Pittsburg 2, Fresno County 13, Fresno 2, Orland 1, Kern County 3, Susanville 1, Los Angeles County 26, Alhambra 1, Burbank 1, Compton 1, Culver City 1, El Monte 1, Glendale 4, Huntington Park 3, Long Beach 2, Los Angeles 27, Pasadena 2, Torrance 1, Lynwood 1, South Gate 5, Monterey Park 1, Bell 1, Gardena 1, Madera 1, Mendocino County 2, Merced County 2, Monterey 1, Pacific Grove 1, Orange County 2, Fullerton 2, Santa Ana 1, Laguna Beach 5, Riverside 1, San Bernardino 5, Upland 1, San Diego 1, San Francisco 1, San Joaquin County 3, Lodi 2, Stockton 16, Tracy 1, San Bruno 1, Atherton 2, San Carlos 1, Santa Barbara County 2, Santa Clara County 1, San Jose 2, Siskiyou County 3, Turlock 1, Tehama County 4, Lindsay 3, Ventura County 3, Yolo County 1, Yuba County 1.

Smallpox

3 cases: Oakland 1, Santa Monica 1, Tulare County 1.

Typhoid Fever

9 cases: Gridley 1, Richmond 1, Los Angeles 1, San Joaquin County 2, Santa Clara County 1, Sonoma County 2, Tulare County 1.

Whooping Cough

248 cases: Alameda County 1, Alameda 3, Berkeley 9, Oakland 20, Gridley 3, Richmond 1, Fresno County 4, Fresno 1, Inyo County 1, Kern County 1, Los Angeles County 13, Burbank 1, Compton 1, Inglewood 2, Long Beach 2, Los Angeles 18, Montebello 2, Pasadena 2, Santa Monica 3, Whittier 2, Madera County 1, Madera 8, Merced County 3, Monterey County 1, King City 10, Pacific Grove 2, Orange County 1, Anaheim 1, Riverside County 9, Sacramento 20, San Bernardino 2, San Diego County 6, San Diego 17, San Francisco 39, San Joaquin County 9, Manteca 3, Stockton 1, San Luis Obispo County 1, Paso Robles 1, San Mateo County 3, San Bruno 2, San Mateo 1, Santa Clara County 6, Santa Clara 1, Vallejo 1, Sonoma County 1, Stanislaus County 1, Yuba City 1, Tulare County 3, Ventura 3.

Meningitis (Epidemic)

One case: Martinez.

Dysentery (Amoebic)

6 cases: Long Beach 1, Los Angeles 1, Madera County 1, Ontario 3.

Dysentery (Bacillary)

14 cases: Los Angeles 1, Sonoma County 10, Tulare County 1, Tulare 2.

Ophthalmia Neonatorum

2 cases: Fresno County.

Pellagra

2 cases: Los Angeles 1, San Rafael 1.

Poliomyelitis

12 cases: Alameda 1, Oakland 2, Orland 1, Culver City 1, Los Angeles 3, San Francisco 1, San Joaquin County 1, Ventura County 1, Santa Paula 1.

Tetanus

2 cases: Los Angeles 1, National City 1.

Trachoma

One case: San Francisco.

Typhus Fever

3 cases: Los Angeles 2, San Diego 1.

Jaundice (Epidemic)

One case: Placerville.

Food Poisoning

39 cases: Mendocino County 30, San Francisco 3, Stockton 4, Yolo County 2.

Undulant Fever

2 cases: Whittier 1, Salinas 1.

Coccidioides Granuloma

One case: California.*

Septic Sore Throat (Epidemic)

One case: Oakland.

Rabies (Animal)

40 cases: Imperial County 3, Los Angeles County 6, Arcadia 1, Beverly Hills 1, Burbank 1, Compton 1, Culver City 1, El Segundo 1, Glendale 1, Glendora 1, Los Angeles 13, Santa Monica 1, Monterey Park 2, Bell 1, Redlands 1, Santa Clara County 1, San Jose 2, Ventura County 2.

* Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.

TRICHINOSIS

An outbreak involving twenty cases of trichinosis was investigated during October. They were found on the route of a peddler who sells delicatessen meats. The source of infection was in improperly processed smoked ham, which came from a small establishment.

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